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**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket Number 960296.95700

First Named Inventor Hector F. DeLuca

COMPLETE IF KNOWN

Application Number 09/769,579

Filing Date January 21, 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF TREATMENT OF TYPE I DIABETES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

January 21, 2001

as United States Application Number or PCT International

Application Number

09/769,579

and was amended on (MM/DD/YYYY)

n/a

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
n/a			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
n/a		

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
n/a			

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name		Customer or label	
OR		Number	
<input type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below			

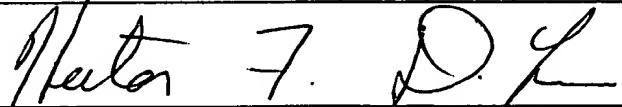
Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

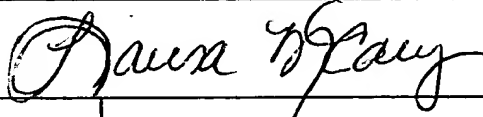
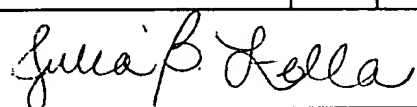
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:				A petition has been filed for this unsigned inventor			
Given Name	Hector	Middle Initial	F.	Family Name	DeLuca	Suffix e.g. Jr.	
Inventor's Signature						Date	3/22/01
Residence: City	Deerfield	State	WI	Country	USA	Citizenship	USA
Post Office Address	1809 Highway BB						
Post Office Address							
City	Deerfield	State	WI	Zip	53531	Country	USA
						Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given Name	Laura				Middle Initial	n.m.i.		Family Name	McCary			Suffix e.g. Jr.		
Inventor's Signature										Date	4.4.01			
Residence: City	Oxnard				State	CA	Country	USA		Citizenship	USA			
Post Office Address	2611 Ruby Drive													
Post Office Address														
City	Oxnard				State	CA	Zip	93030		Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given Name	Julia				Middle Initial	B.		Family Name	Zella			Suffix e.g. Jr.		
Inventor's Signature										Date	3.21.01			
Residence: City	Madison				State	WI	Country	USA		Citizenship	USA			
Post Office Address	3110 Dorchester Way, Unit 2													
Post Office Address														
City	Madison				State	WI	Zip	53719		Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given Name					Middle Initial			Family Name				Suffix e.g. Jr.		
Inventor's Signature										Date				
Residence: City					State		Country			Citizenship				
Post Office Address														
Post Office Address														
City					State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given Name					Middle Initial			Family Name				Suffix e.g. Jr.		
Inventor's Signature										Date				
Residence: City					State		Country			Citizenship				
Post Office Address														
Post Office Address														
City					State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given Name					Middle Initial			Family Name				Suffix e.g. Jr.		
Inventor's Signature										Date				
Residence: City					State		Country			Citizenship				
Post Office Address														
Post Office Address														
City					State		Zip			Country			Applicant Authority	

Additional inventors are being named on supplemental sheet(s) attached hereto